

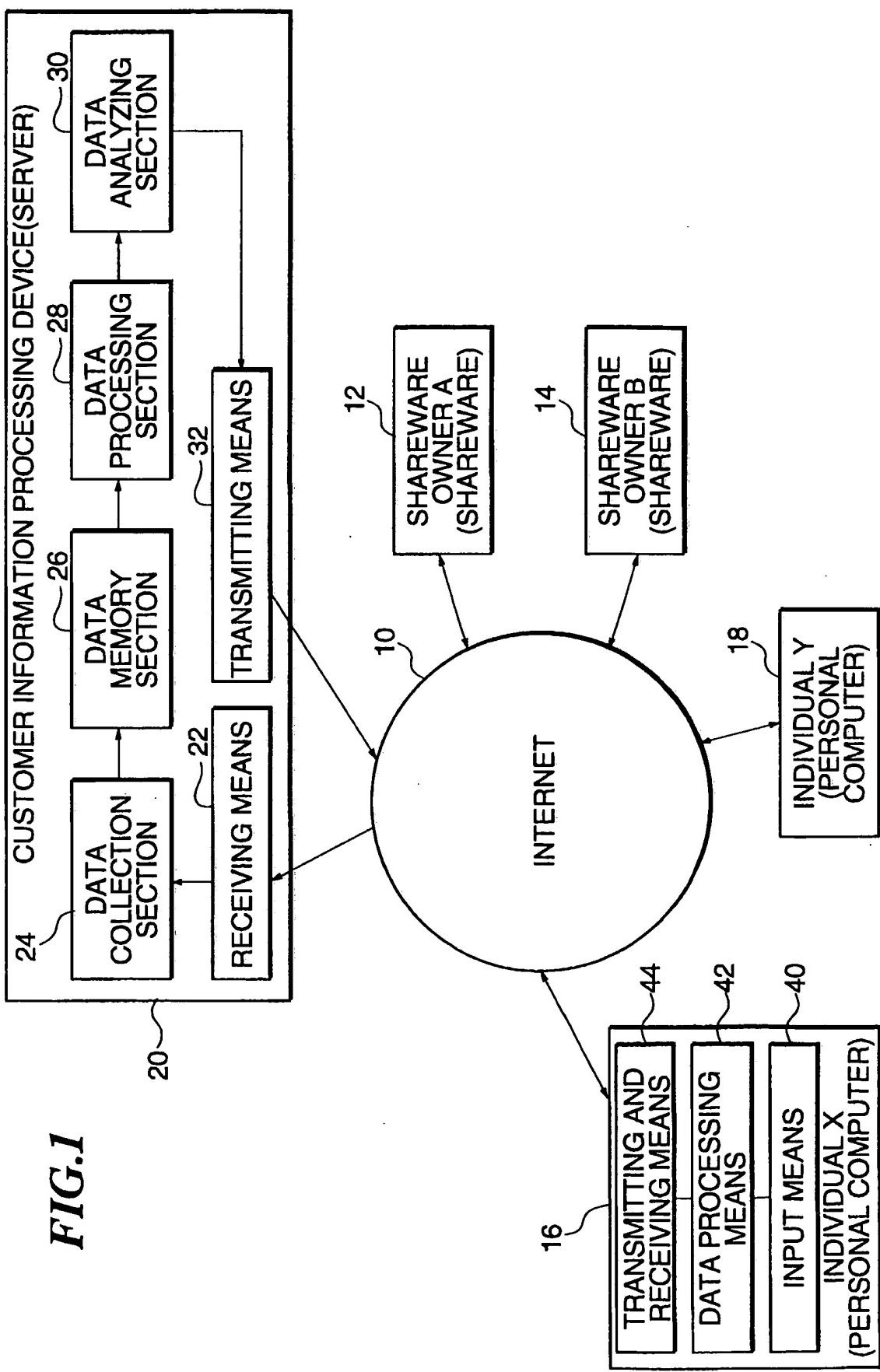
FIG.1

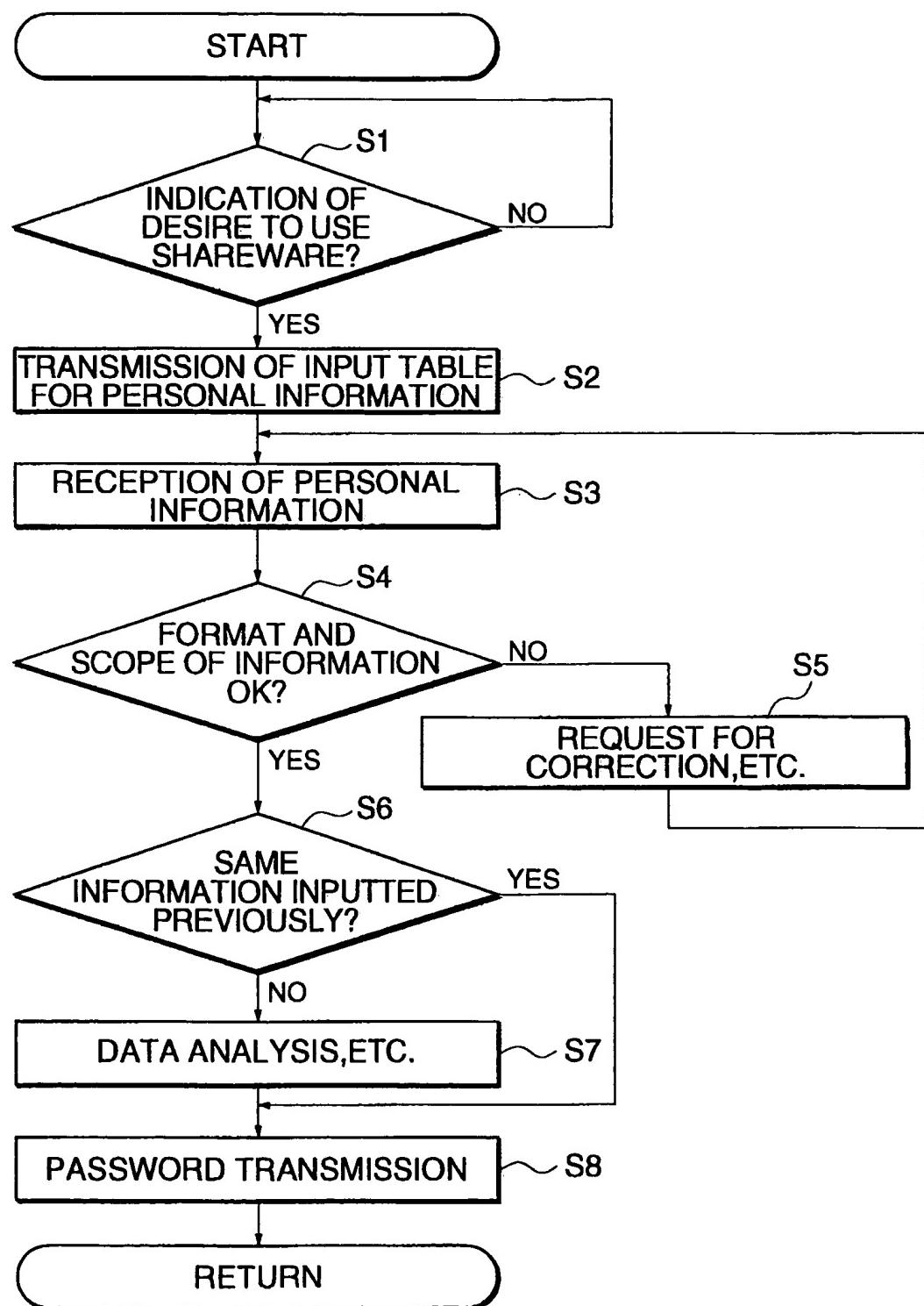
FIG.2

FIG.3

FILL OUT AND SUBMIT THE FORM BELOW TO RECEIVE PASSWORD		
CONTROL NUMBER	* * * * *	
NAME	* * * *	
NAME IN PHONETIC	* * * *	
AGE	30	YEARS OLD
GENDER	MALE	
ADDRESS	ZIP CODE *-* *	
○△□ *-* *		
TELEPHONE NUMBER	* * * * - * * - * * * *	
OCCUPATION	* * * * *	
E-MAIL ADDRESS	* * * * * @ * * * * * . * * * *	